GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT

HEALTH PROFESSIONAL LICENSING OFFICE

EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR

JAMES W. GILLAN
DIRECTOR

LEO G. CASIL
DEPUTY DIRECTOR

COMPLAINT FORM

- ☐ **ALLIED HEALTH**
- ☐ **OPTOMETRY**
- ☐ **BARBER & COSMETOLOGY**
- ☐ **SOCIAL WORK**
- ☐ **MEDICAL**
- ☐ **NURSE**
- ☐ **PHARMACY**
- ☐ **EMS**
- ☐ **DENTAL**
- ☐ **OFFICE STAFF**

1. Name of Person/Licensee you are filing the complaint against:

   _____

2. The Person/Licensee's Profession: _____

3. Complaint: (In your own words, please explain in detail, what happened, including dates, time and place(s), etc. Use a separate sheet of paper if necessary.) Attach photos or documents as evidence.

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

4. By Submitting this complaint form, I understand that I will be called to testify before the Board and the Attorney General of Guam to verify the information provided above as part of the investigation:
   Print Name/Signature:_____Date:_____

5. Mailing Address:_____

6. Email Address:_____7. Phone Number(s):_____

****FAILURE TO INCLUDE YOUR CONTACT INFORMATION WILL NOT BE ENTERTAINED BY THE BOARD****

FOR OFFICIAL USE ONLY

Received By Staff:_____Initial:_____Date Received:_____

Received by Board Member:_____Date:_____

Mailing Address: 123 CHALAN KARETA, MANGILAO, GUAM 96913-6304
www.dphss.guam.gov • Ph.: 1.671.735.7405/8/10/11/12 • Fax: 1.671.735.7413
Physical Address: 194 Hernan Cortez Avenue, Ste 213, Hagatna, Guam